#### NOTICE OF GRANT AVAILABILITY

#### NAME OF GRANT PROGRAM:

Pharmaceutical Services for Adults with Cystic

Fibrosis GRANT PROGRAM NO. 06-67-SCH STATUTORY AUTHORITY: TYPE OF AWARDS TO BE ISSUED:

P.L. 1989, Chapter 270 Cost-reimbursement Grant

## PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

To provide grant funds to a non-profit agency to assist adults with Cystic Fibrosis to purchase supplemental nutritious food, prescription drugs and medical supplies/equipment. It is expected that between 60-100 persons will receive assistance under this program. A minimum of eighty percent (80%) of the funds will be used to provide direct client benefits. A maximum of twenty percent (20%) may be used for administrative costs.

# AMOUNT OF MONEY IN THE GRANT PROGRAM:

Funds available for this program are contingent upon State or Federal Appropriations. Approximately \$300,000 should be available for the Fiscal Year 2006 (July 1, 2005 to June 20, 2006) for one grant award. Continuation award will be made based on satisfactory performance and availability of funds.

# ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

- 1. Terms and Conditions for the Administration of Grants.
- 2. General and specific Grant Compliance requirements issued by the Granting Agency.
- 3. Applicable Federal Cost Principles relating to the Applicant.

## GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

The New Jersey State Organization of Cystic Fibrosis was awarded this grant for a 3 year project period from July 1, 2004 through June 30, 2007. State fiscal year 2004-2005 is year 2 of the 3 year project period.

## QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

Non-profit status. Applicants must demonstrate the capability of administering State funds and experience in providing financial assistance and direct services to persons with Cystic Fibrosis.

#### **APPLICATION PROCEDURES:**

Contact Department's official designee listed below and request the Application for Grant.

#### FOR INFORMATION CONTACT:

Elizabeth Solan, R.N., M.P.H.

Division of Family Health Services TELEPHONE: (609) 984-6137

P.O. Box 364, 50 East State Street **FAX:** (609) 292-9288

Trenton, NJ 08625-0364 E-MAIL: Elizabeth.Solan@doh.state.nj.us

## DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:

Applications are due by April 1, 2005.

## DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

Applicants will be notified regarding funding by June 15, 2005.